

Title: Methadone Policy

Scope: The Department of Mental Health, serving as the agency responsible for certifying alcohol and drug programs, has established this policy concerning the establishment of methadone treatment program in Mississippi.

Purpose: In order to establish a prescribed method of considering and/or establishing programs for the distribution of methadone, the Department of Mental Health has established the following policy.

Procedure: I. Application

Persons/Entities desiring to apply for approval to open and operate a methadone treatment program in Mississippi shall make application to the Department of Mental Health, Alcohol and Drug Division. The application packet shall include information describing the justification of need, program description, and evidence of support

II.. Justification of Need

A request for approval of a methadone clinic shall demonstrate the need to establish a methadone clinic which shall

D-00027
02/04/02

include the following:

1. Documentation of request for services from individuals residing in the area surrounding the proposed location.
2. Documentation of need for services from existing alcohol and drug treatment programs in the area of proposed location.
3. Documentation of need from local governing authorities, law enforcement officials, and judges.

III. Program Description

Included in the application packet there must be a detailed description of the proposed program which must include the following:

1. Proposed location of program. (Include city and building address.)
2. Program goals and objectives.
3. Program methodology.
4. Program staffing.
5. Program funding. (Include client fee schedules.)
6. Description of Applicant Agency. (Include charter of incorporation.)

IV. Evidence of Support

Evidence of support must include the following:

1. Letters of support and letters of agreement from area physicians, other health professionals and agencies, and existing alcohol and drug treatment programs.

2. Letters of support and letters of agreement from local governing authorities, law enforcement officials, and judges.
3. Letters of support from businesses, individuals, and present landlords or tenants in the area surrounding the proposed location.

V. Program Consideration

No program shall be considered for approval until all required documents have been received. Incomplete applications will be held as pending for six months. Applications which have not been completed within six months will be considered withdrawn.

VI. Appeals

1. Initial appeals shall be to the Executive Director of the Department of Mental Health.
2. Final denial of approval for establishing a methadone treatment program shall be to the Board of Mental Health pursuant to the established appeal procedure.

D-0027
12/21/98
02/21/01
02/04/02